

County: Winnebago
 PARK VIEW HEALTH CARE-REHAB PAVILION
 725 BUTLER AVE PO BOX 10
 WINNEBAGO 54985 Phone: (920) 235-5100

Facility ID: 9520

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Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 98
 Total Licensed Bed Capacity (12/31/01): 105
 Number of Residents on 12/31/01: 98

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 100

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		28.6
Supp. Home Care-Personal Care	No					1 - 4 Years		38.8
Supp. Home Care-Household Services	No	Developmental Disabilities	2.0	Under 65	15.3	More Than 4 Years		32.7
Day Services	No	Mental Illness (Org./Psy)	55.1	65 - 74	25.5			-----
Respite Care	No	Mental Illness (Other)	35.7	75 - 84	37.8			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.0	85 - 94	20.4	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.0	95 & Over	1.0	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	Yes	Cardiovascular	0.0	65 & Over	84.7	-----		
Transportation	No	Cerebrovascular	3.1		-----	RNs		16.7
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		8.6
Other Services	Yes	Respiratory	1.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	1.0	Male	39.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	60.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care			Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)			
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	81	97.6	103	0	0.0	0	15	100.0	173	0	0.0	0	0	0.0	0	96	98.0
Intermediate	---	---	---	2	2.4	85	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		83	100.0		0	0.0		15	100.0		0	0.0		0	0.0		98	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	4.8	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	7.1	Bathing	6.1	43.9	50.0	98
Other Nursing Homes	47.6	Dressing	18.4	46.9	34.7	98
Acute Care Hospitals	28.6	Transferring	46.9	39.8	13.3	98
Psych. Hosp.-MR/DD Facilities	4.8	Toilet Use	26.5	37.8	35.7	98
Rehabilitation Hospitals	0.0	Eating	46.9	34.7	18.4	98
Other Locations	7.1	*****				
Total Number of Admissions	42	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	2.0	Receiving Respiratory Care	4.1	
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	69.4	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	4.3	Occ/Freq. Incontinent of Bowel	48.0	Receiving Suctioning	0.0	
Other Nursing Homes	10.9			Receiving Ostomy Care	2.0	
Acute Care Hospitals	17.4	Mobility		Receiving Tube Feeding	1.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	11.2	Receiving Mechanically Altered Diets	37.8	
Rehabilitation Hospitals	0.0					
Other Locations	4.3	Skin Care		Other Resident Characteristics		
Deaths	63.0	With Pressure Sores	2.0	Have Advance Directives	28.6	
Total Number of Discharges		With Rashes	5.1	Medications		
(Including Deaths)	46			Receiving Psychoactive Drugs	87.8	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility	Ownership: Government	Bed Size: 100-199	Licensure: Skilled	All Facilities				
	%	Peer Group Ratio	Peer Group Ratio	Peer Group Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	95.2	81.4	1.17	83.8	1.14	84.3	1.13	84.6	1.13
Current Residents from In-County	93.9	84.1	1.12	84.9	1.11	82.7	1.14	77.0	1.22
Admissions from In-County, Still Residing	57.1	32.4	1.76	21.5	2.66	21.6	2.65	20.8	2.75
Admissions/Average Daily Census	42.0	64.0	0.66	155.8	0.27	137.9	0.30	128.9	0.33
Discharges/Average Daily Census	46.0	66.7	0.69	156.2	0.29	139.0	0.33	130.0	0.35
Discharges To Private Residence/Average Daily Census	2.0	19.2	0.10	61.3	0.03	55.2	0.04	52.8	0.04
Residents Receiving Skilled Care	98.0	85.0	1.15	93.3	1.05	91.8	1.07	85.3	1.15
Residents Aged 65 and Older	84.7	84.3	1.01	92.7	0.91	92.5	0.92	87.5	0.97
Title 19 (Medicaid) Funded Residents	84.7	77.7	1.09	64.8	1.31	64.3	1.32	68.7	1.23
Private Pay Funded Residents	15.3	16.8	0.91	23.3	0.66	25.6	0.60	22.0	0.70
Developmentally Disabled Residents	2.0	3.2	0.63	0.9	2.32	1.2	1.74	7.6	0.27
Mentally Ill Residents	90.8	56.2	1.62	37.7	2.41	37.4	2.43	33.8	2.69
General Medical Service Residents	1.0	15.4	0.07	21.3	0.05	21.2	0.05	19.4	0.05
Impaired ADL (Mean)	51.0	49.2	1.04	49.6	1.03	49.6	1.03	49.3	1.04
Psychological Problems	87.8	65.9	1.33	53.5	1.64	54.1	1.62	51.9	1.69
Nursing Care Required (Mean)	6.5	7.6	0.86	6.5	1.00	6.5	1.00	7.3	0.89